njury, or other troumatic event, th

with the State Lepting. MAPORTANT: If them 21 is marked or Item 18 shows

Burial

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

TTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGISTRAR		CENTIL	ICAIL OF DEATH	REG. NO	D.		
1 DECEASED NAME FIRST	MIDDLE	(AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Lillian	Mary	A	bell	November	20.	1985	_ M
3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	1
Temale	White	Dec	.16,1894	90	YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
Md.	USA	WIDOWE		St.Mary'	S		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		12a USUAL OCCUPATI	ON		OF BUSINESS OR
Hollywood	(IF NOT IN SUCH FACILITY, GIVE STREE Home	T ADDRESS)		Homemake		INDUSTRY	
USUAL RESIDENCE (IF NURSING HOMEO 130 STATE 13b COU		WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Rt.1, B	ZIP COD	£ .42 (2	20636)
IA FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME			
John Ro	bert Long		Nannie	WIDDLE		Johns	son
160 WAS DECEASED EVER IN U.S. A		URITY NO.	17. INFORMANT	ADDRE	55 99		trell T
(YES NOOR UNKNOWN) (IF YES G	216-22	-2183	Spencer Ab	ell(SON)	Silv	er Spr	ing.Md.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) metas	re of JENCE OF tases JENCE OF carci	inoma				ONSET AND DEATH
190 DATE OF OPERATION	196 CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
RITE				YES NO	Y	ES 🗌	NO []
	ATH HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	THE LOCATION	CITY OR TO	WN	COUNTY	STATE
77x I certify that III (the hosp of sow the dead in the land of the solution o	/ V1/100/85		nd that in (my) (our) apinion o				that (I) (we) last couses stated
THE SIGNATURE	2 mg		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
Eugene Fuazz		/	Maryland Inf	irmary, Cha	ptic	20621	
730 BURIAL CREMATION REMOVA	23h DATE 73r	NAME OF C	EMETERY OR CREMATORY	123d LOCATION			

BP.

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

W. Clarke Mattingley, Leonardtown, Md.

11/23/85

St. Johns Cemetery

Hollywood

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE INUV 22 1985 ina wairdoon-handelle

St. Mary's

anotece masto to emiliate

Water management

colon decimons

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338041

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) MARIE BEAN November 27, 1985 HENRIETTA 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX Aug. 3.1923 YEAR Female White BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED St. Mary's USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Suc Mary Street Hosspital Leonardtown 30. STATE 130 STREET ADDRESS / ZIP CODE Flat Iron Rd. St. Mary's 13d. INSIDE CITY LIMITS? (20634)Md. Great Mills NOXX 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE James Ernest Johnson Rosalie Mary Cooper Rt.1, Box 562-B 166 SOCIAL SECURITY NO. 17 INFORMANT 218-14-3789 Lois A. Russell, Hollywood, Md. 20636 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 27a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on_ and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

Holy Face Cem.

Leonardtown, Md. 20650

UEL

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Great Mills St. Mary 's Md.

DHMH - 16 60M 7/B4 (VRA 15, 4) N, Shah.

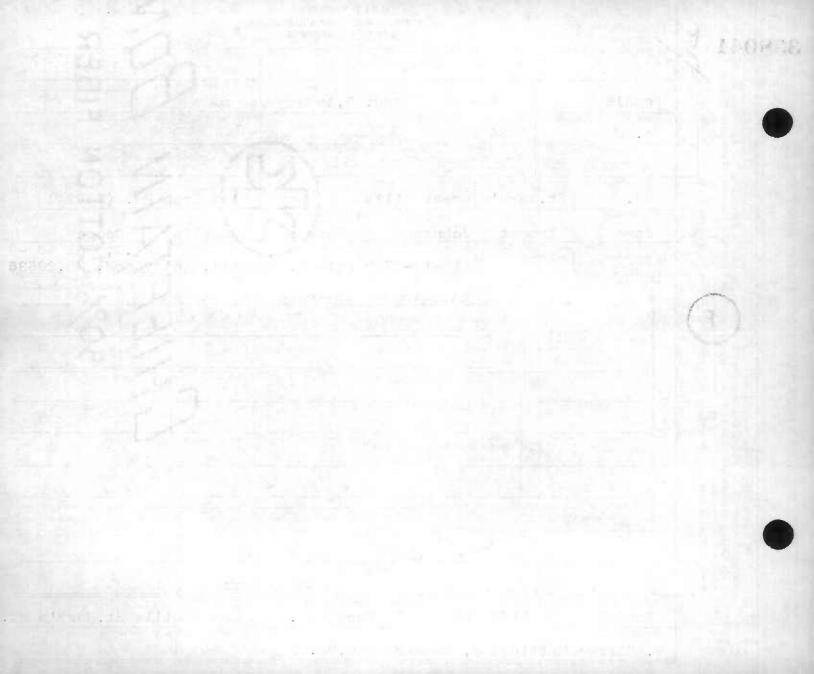
230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

M.D

11/30/85

W. Clarke Mattingley, Leonardtown, Md.



phys

TO

for use as the burial-transit per of Health and Mental Hygiene

marked or Item 18

IMPORTANT

ather traum

CERTIFICATION

MEDICAL

BALTIMORE, MARYLAND 2120

PRESTON ST.,

3

201

DIVISION OF VITAL RECORDS,

	DEPARTA	NENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 8	REG. NO	3	2	3	0	İ
MIDDLE		į,	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	ZE HOU	R
Jear	nette	Br	own		Nove	ember	17,	198	5		M
ACE		5. DATE O			6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDE		IF UNDER	
White		Oct.		2 2 C		83	YRS	MONTHS	DAYS	HOURS	MIN.
ITIZEN OF WHA	T COUNTRY?	8	NEVER MA	DDIED []	9 BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
USA		WIDOWE		RCED	St	t. Ma	ry's	3			MD.
NAME OF HOSP (IF NOT IN SUCH FACE HOME	LITY, GIVE STREET		R OTHER INSTIT	UTION		occupation octor o	F WORKING L		KIND OI USTRY	F BUSINE	SSOR
	ESIDENCE BEFORE CITY OR TOWI C. Geor	N _	13d. INSIDE CITY SYESATION N	LIMITS?	13e STREET	address/ Star	ZIP COD	E 51,	Pin	ey I	Poin
.ε	clark		15. MOTHER'S M	ALDEN NAM		WIDDLE				ter	
	SOCIAL SECU	RITY NO.	17. INFORMANT			ADDRE	SS		W L		
OR DATES)	L5-56-	9329	Carl :	Brown	,	Same	as	13e			
AUSE (a)	rdio	Re	Spira	tary	e f	out	me	В	APPROXIMETWEEN C	MATE INTER	VAL DEATH
(b)	SCho	2m	12 C	ard	19 m	401	-En	14			
DUE TO, OR AS	CONSEQUE	NCE OF	tive	1+	on	7	Car	il.	re		y II
of Ch.	ronic	05	Struc	Luc	200 AUTO	2	DITION GI	PE	2	2	

PART 2 OTHER SIGNIFICANT CONDITIONS C 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) NOT WHILE 27a. I certify that (I) (this hospital) attended the deceased from

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

19 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET

YES []

21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

CITY OR TOWN

COUNTY

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

YES T

STATE

saw the deceased alive an. abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE

Burial

230. BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

COUNTRY

Md.

Md. 4 FATHER'S NAME

Robert

(YES, NO OR UNKNOWN) No

Female

O. CITY OR TOWN OF DEATH

t. George

TO BIRTHPLACE ISTATE OR FOREIGN

Geraldine

Island

St. Mary'

M.

MIDDLE

(IF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE (a)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which

gove rise to immediate cause (0), stating

cause

18 CAUSE OF DEATH (Enter only one cause pe

4 RACE

76 CITIZEN OF

22d. PHYSICIAN'S NAME (TYPE OFFRINT

23b. DATE

22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Leonardtown, Md. 20650 23d. LOCATION

St. George Island Methodiast Cem. Com to George

BP.

24 FUNERAL DIRECTOR CTarke Mattingley, Leomardtown, Md. (VRA 15, 4)

A. Patil, M.D.

C'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

seema was doon- fandage

St. Mary's

DHMH - 16 60M 7/84

TO FUNERAL DIRECT Should be detached to with the State Dept. of

HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REOBTRAN			REG. NO.						
2		ÉCEASED NAME FIRST MIDDLE LAST PE OR PRINTI						20 DATE OF DEATH	MONTH	DAY YEAR	R 26 HOUR D
5	(1112		LLIA	UA I	GUSTUS BU	JRCH		November	3, 19	85	12:17
	3 SEX	×		4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DA	
		Male		White		Oct		72	YRS.	ALONINS. DA	MIN.
6		RTHPLACE (STATE OR FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	1
1		Md.	U.S.A	A .	WIDOW		St. Mary	s Co	unty	MD.	
1	10 CI	TY OR TOWN OF DEAT	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			D OF BUSINESS OR
IJ.		eonardtown		St. Mar	y's Hospi	tal		State of		1140031	N)
6	USU / 13a. S	AL RESIDENCE (IF NURSIT	13b. COUN		13c. CITY OR TOWN		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	DE .	3 - 3
2		Md.	St.I	Mary's	Charlot		lavisi Nox	Rt.2, Bo	x 26	(208	522)
\mathcal{H}	14. FA	THER'S NAME		MIDDLE	LAST	-	15 MOTHER'S MAIDEN NAM	ME	1 2 1		LAST
V		Charles			BURCH		JESSIE	MARIE		TENN	VISON
		VAS DECEASED EVER I		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		1-11
Н	N	0	14 163.00	E WAN ON BATES!	213-01-	5568	EILEEN CLA	RKE BURCH	. Sa	me as	3 13e.
		18 CAUSE OF DEATH							3		ROXIMATE INTERVAL
		PART I. DEATH WA		D BY: TE CAUSE (0)	Kann	esa	lon - 1-A	lung		S	ec.
				DUE TO O	R AS ACONSEQUE	NCE OF	1	7		-	
		Conditions, if ony,		((b)	(an	eem	ma /1	he (ung		1/	-871.
		gove rise to imm couse (0), stating		DUE TO, O	R AS A CONSEQUE	NCE OF	//				/
		underlying couse	lost	(c)		175-4	V			11	
	7	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART	T 110
	CERTIFICATION							100			
1	ICA	190 DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATIO	IN WAS PERFORMED	20a AUTOPSY?			IDINGS USED SES OF DEATH?	
	RTI							YES NO		ES	NO 🗌
3		OR CONTRIBUTING	_	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART : OR PART	2)
7	MEDICAL	(IF EITHER NOTIFY MEDIC				19					
	MED	21d INJURY OCCURRI		21e PLACE	OF INJURY BET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK	·			10.			4	-	
		22a certify that (1) (e deceased from _	17	, 19		8	0	e, that (I) (we) last
		saw the deceased above, (I) (we) (di	id) (did no	riview the body	ofter death.	. 0	nd that in (my) (aur) opinion o	deoth occurred on the do	te and ho		
		276 SIGNATURE	-	//	1-		DEGREE ATTENDING 1	MEDICAL STAI	F	22c. DA	ATE SIGNED
		~		182	The		PHYSICIAN 2	DIRECTOR PHYSIC		11/	19/81
		224 PHYSICIAN'S NA					22e ADDRESS			. /	/
		William						m, Maryland	20	650	
	23a B	URIAL, CREMATION, P	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	Md.
	21 -	Burial		11/11	./85 Ch	arle	s Memorial	Gdns.Leon	ardt	own, S	St. Mary's

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Člarke

Mattingley, Leonardtown,

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the Stote Dept of Health and Mental Hygiene prior to buriol, cres

MAPORTANT: If them 21 is marked or them 18 shows ony

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

	REGISTRAR					REG. No	٥.			
T. DECE	ASED NAME FIRST	MI	DOLE	L	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b H	IOUR
(117E OF	SARAH	GERAL	DINE CHA	SE		November 1	0.]	1985	1:	2:05
3. SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DA		ADER 24 HRS
F	'emale	Black		Aug.	31,1917 YEAR	68	YRS		HOU	RS MIN.
7a BIRT	HPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	DENEVER MARRIED	9 BALTIMORE CITY O			1	
	Id.	USA		WIDOWE		St. Mary	's C	County		М
	Leonardtown		OSPITAL, NURSING FACILITY, GIVE STREET AL MATY'S HO		ROTHER INSTITUTION	120 USUAL OCCUPATION OF COMPANY OF WORK FOR MOST COMPANY OF THE PROPERTY OF TH		GUFE) 126 KIN INDUST		SINESS OR
USUAL 13a STA	RESIDENCE IF NURSING HOME OF ATE 136 COUNTY St.	VTY I	ive residence before a 3c. CITY OR TOWN Lexingt	1	13d. INSIDE CITY LIMITS?	Rt.4,	ZIP CC Box	DDE 17 () Q	65
	HER'S NAME Toseph	MIDDLE I	Thomas		Mary Mary	Tda		Sr	h'i' th	
	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE				
(160	No	E WAR ON DAILES!	217-12-	8900	Lawrence C	hase S	ame	as 13	3e.	
NOIL	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT ((c)		EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF	YES, WERE FIN	IDINGS U	EATH?
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK AT WORK COUNTY STATE CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE COUNTY STATE CITY OR TOWN COUNTY STATE CITY OR							STATE		
	22a I certify that (I) (this hospital) attended the deceased from							nour and from	the couse	s stoted
	John Fenwick	, M.D.			22e ADDRESS Leonardtown	. Maryland	206			
23a. BUI Bui	RIAL, CREMATION, REMOVAL Pial	23h DATE 11/15/			EMETERY OR CREMATORY Llate Heart			St.Ma ngton	Par	k Md
24 FUN	VERAL DIRECTOR		40Dars		25a DATI	REC'D. BY REGISTRAR	25b. REG	ISTRAR'S SIGN	VATURE	
W.	Člarke Matt	ingley,	Leonar	rator	wn, Ma.	211985	the make to	with the year	April 1	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the

DIAGO CONTRACTOR EARLY

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St. 4. 10 4 12

Corrador 10, 1915 11:05

John Jenvink, M. M. Doonartoom, Maryland 20050

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His In the same the second section of the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

D	c	-	N.I	-

	1. DEC	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	Mary	Ethel	Clar	rke	November 2,19	85	м
	3. SEX	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
-		Female	White	Jan.	2, DAY 1925	60 YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	DENEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
2	, i	Ma".	U.S.A.	WIDOW		St. Mary's		MD.
0	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
1		Hollywood	Home			Housewife	Hom	e
1	13a S	STATE 13h COUR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	N		13e STREET_ADDRESS / ZIP COD	= 3/3/	26
2	Md	St.	Mary's Hollywo	od	YES NOX	Rt.1, Box 99	3700	50
1	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST	
U	W	arren S	. Thompso	n	Mary	Ethel	Grave	
1	16a V	WAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRESS		
/	- (YES NO OR UNKNOWN) (IF YES GIV	216-22-	-2668	Philip A.	Clarke Sam		
		18 CAUSE OF DEATH (Enter or	nly ane cause per line for a1, (b), an	d (c).)	4		APPROXI. BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	com	maloge	1	m	men
		474712.57		NCT OF		0 01	1	
		Conditions, if any, which	DUE TO, OR ASA CONSEQUE	NCE OF	ma x	SUBATA	- U	1
-		gove rise to immediate	(6)	2000	119	- Victor	1	1
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	0		(/	
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GI	VEN IN PART 100	
	CERTIFICATION			100				
0	CAT	190 DATE OF OPERATION	S, WERE FINDIN					
/	IE.	YES NON YES						NO T
2	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	1					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	21f LOCATION			
	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
			tall attended the degegsed from_		76 10 575	11/3	19 855	that (1) (weelast
			it) view the body at exceeding 19	5	nd that in (my) (oppopinian	death accurred on the date and ha		
		22b. SIGNATURE	it) view the body at each		DECREA		22c. DATE S	SIGNED
I.		(A)	1 of the strange	-11	ATTENDING	MEDICAL STAFF	1,111	10,
-		22d. PHYSICIAN'S NAME TO S	W POINT)	YVI	PHYSICIAN [RECTOR PHYSICIAN	1117	1-05
	100		Jarboe, M.D.			wn, Md. 20650	1.1	
	1	BURIAL, CREMATION REMOVAL	1.1.		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		rial	11X4/85 Ch	narle	s Memorial	Gdns.Leonardt	own, St	.Mary's
	24 FL	UNERAL DIRECTOR	inglev. Legman		25a. DAT	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATI	JRE Md.
	14/	Clarke Malt	inplev. Learing	"CLLOW	Mu Mu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the fact of	total de findam

BP. (VRA 15, 4)

DHMH - 16 60M 7/8-

201111 Property of the second and the Property and the Advantage of the Advantage

- STATE REGISTRAR DECEASED NAME

70. BIRTHPLACE I STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Maryland

TYPE OR PRINTS

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC

	CERTIFICATE OF DEATH	REG. NO.		
WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
JOSEPH	COOPER	November 14,	1985	6:10A
4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Black	Mar.3,1910 YEAR	75 YRS.	MONTHS DATS	HOURS MIN.
76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

JOS 4 RACE Male Black

USA

MARRIED NEVER MARRIED X

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County

1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

12h KIND OF BUSINESS OR

Rt.

489

St. Mary's Hospital Leonardtown USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION

136 COUNTY 130 CITY OR TOWN Maryland St Mary's Park Hal

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15 MOTHER'S MAIDEN NAME Pansy

13d. INSIDE CITY LIMITS?

NO [

MIDDLE

136.STREET ADDRESS / ZIP CODE P.O. Box 35

M FATHER'S NAME Cornelius

JAMES

Cooper 166 SOCIAL SECURITY NO.

17 INFORMANT

WIDOWED

ADDRESS

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

220-42-1044

18 CAUSE OF DEATH (Enter only one cause per line for in the PART I DEATH WAS CAUSED BY

CERTIFICATION

8

50

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause last

IMMEDIATE CAUSE (a)

PART 2. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

NOF

and that in (my) (and opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO F

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART : OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

22a. I certify that (1) (his seephal) attended the deceased from

21f LOCATION

CITY OF TOWN

COUNTY STATE

saw the deceased alive an 226. SIGNATURE

ATTENDING

Charles Memorial Gardens

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22d. PHYSICIAN'S NAME

230 BURIAL CREMATION RE VAL

Burial

J. Patrick Jarboe. M.D.

23b. DATE

11/16/85

23¢ NAME OF CEMETERY OR CREMATORY

DEGRE

Leonardtown, Md. 20650 23d LOCATION

Leonardtown St. Mary

24 FUNERAL DIRECTOR

(SPECIFY)

W. Clarke Mattingley Leonardtown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto

MPORTANT

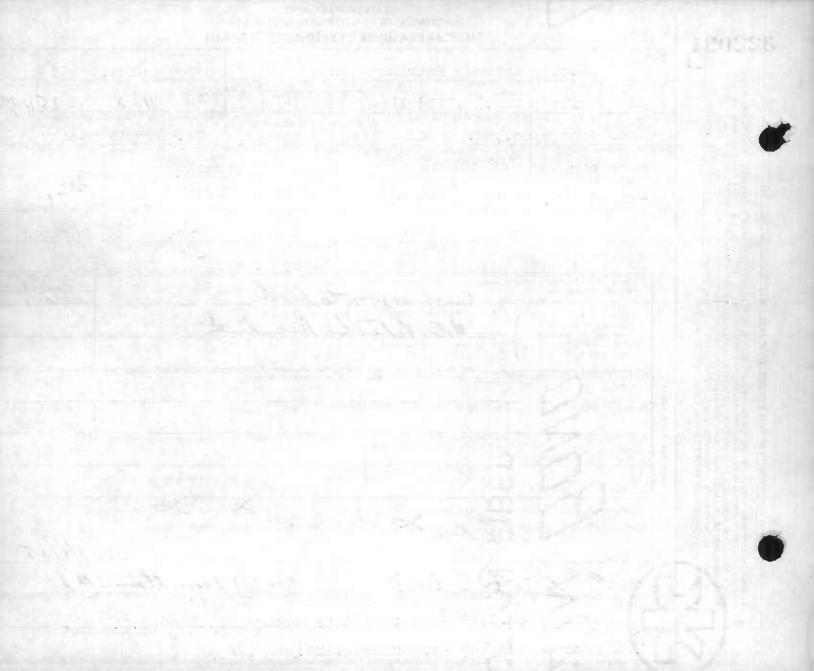
JUNEAU COULTE COUNTY TO THE STATE STATE

for from the same ...

m 0 - 10 -

Monage town, Ild. 20650

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 322091 REGISTRAR REG. NO 1 DECEASED NAME 20. DATE KNOWN MONTH DAY TYPE OR PRINT) ESTI-Joel Lance Patrick Duke DEATH MATED Nov. 8 185 SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Jan.14,1974 Male White 11 DEAD 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED X FOREIGN COUNTRY) Prince George Co., Md. USA St. Mary's County WIDOWED DIVORCED in 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) School Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Box 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS St.Mary's Maryland Bushwood White Neck ROad NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Henry Duke Alton Susan Marie Bartron 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 1 (JE YES, GIVE WAR OR DATES) No Henry A. Duke Same as 13e BURIAL - TRANSIT PERMIT. PAG AND MENTAL HYGIENE, DIVISI ATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a USED OF HE 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? F FORWARDED TO THE STORE PAGE 3 SHOULD BE USEN THE STATE DEPARTMENT OF THE STA YES NO [] 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S TIAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL STATE CremationNov. 9,1985 Cedar Hill Crematory Suitland P BP 24. FUNERAL DIRECTOR **DHMH - 17** Clarke Mattingley Leonardtown, Md. MOV 17 1005 (VR A15 ME (5)) 20M 4/82



Clarke Mattingley, Leonardtown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

1 2 1085

chia Davidson Pondese

Howenberr S. 1985 . 12:115 Jt. Mary'n County Letimos "yara .dl modinacood Manager Land Committee Com

V. Shall, M.T.

Brongrotesm No. 20650

ALCOHOL: AC ACC

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

	1-	FOR STATE REGISTRAR		DEPART	MENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. N	o.	lm v	
		CEASED NAME FIRS	ī	MIDDLE	LA	51			AY YEAR	2b. HOUR
	3. SEX		ANCHE 4 RACE	LUCILLE	EST.		November 6. AGE (IN YEARS LAST BIR		B5	10:20M
	1	Female	Cauc	asian	Augu	DAN NEAD	89		ONTHS DAYS	HOURS MIN.
6		RTHPLACE (STATE OR FOREIGN COUNTRY)		S.A.	8. MARRIED WIDOWEI	NEVER MARRIED X	St. Mai			MD
6		TY OR TOWN OF DEATH	(IF NOT IN S	St. Mary	NG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake:	ON DE WORKING LIFE	126 KIND C	SE BLICINIESS OF
3	13a S		Me or other institution COUNTY harles	13c. CITY OR TOV	VN 1	13d. INSIDE CITY LIMITS?	Rt-1 Bo	ZIP CODE x-396	/ 201	637
1	I FA	THER'S NAME	MIDDLE) ACT	1 190	15. MOTHER'S MAIDEN NAM				
1	1	James	T.	Estep	3.4	Bland	che		Carri	
2		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES: ES, GIVE WAR OR DATES)	212-56		17 INFORMANT	Jameson	P.U.	.Box 'hesvi	
-	CERTIFICATION	Conditions, if any, whis gove rise to immedia cause tol, stating H underlying cause la PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION	te DUE TO, st (c)	OR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM I WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	NGS USED
7		210. ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE	OF DEATH HOUR	OF INJURY A.M. MONTH D		21c HOW INJURY OCCURR	YES NO	RY IN ITEM TB PAI		NO 🗌
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (I) (this	ee on	6/85 10	, one	d that in (my) (our) apinion of	to death occurred on the d	ate and hour		that (I) (we) lost couses stated
_		224 PHYSICIAN'S NAME	7 66	n the	C	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		22c. DATE	G/SI?
		Willia	am D. Boy			Leonardto	wn, Md. 206	50		
	(URIAL, CREMATION, REMO	236. DATE 11-9			METERY OR CREMATORY	Bryanto			
		Intt Funera	1 Home	P.Q.B.C.		20601	V12 1985		PAR'S SIGNAT	

DENGE DICTOR SET LONGER , 1965 10:20'

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JUNEAU SET LONGER SET LO

James I. Leter J. Blencher I. Leneville J. L. Leter J. Leneville J. L

Total 11-9-89 | St. Tipse's co. Strentson, Charles, Nd.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Beall Funeral Hom

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

ENT Blant utor of L INF SCLS R	6. AGE (INY 59 9 BALTIMO 120 USUAL (ITYPE OF WORL RETIT 130. STREET / 1475 NAME rginia nton PEstate COSIS	Mary Decupation Comparison C	YRS COUNTY OF DEA SCOUNTY OF DEA SCO	ATH Y KIND OF BUSINES JSTRY Comput 2065 LAST LOUGH APPROXIMATE INTERN APPROXIMAT
PED TO THE TERA	6. AGE (INY 59 9 BALTIMO St 126 USUAL (TYPE OF WORL Retir 136. STREET / 1475 NAME rginia nton P Estate COSIS RMINAL DISEASI	RECITY OR C Mary! Neron of the control of the con	YRS COUNTY OF DEA SCOUNTY OF DEA SCOUNTY OF DEA PROPRIED 1726. K INDU PROPRIED 1726.	ATH VIND OF BUSINES JSTRY Comput 2065 LAST COMPUT APPROXIMATE INTERVITWEEN ONSEL AND D ART TIG CAR DIA FINDINGS USED
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Virging Bland Large Scland	rginia nton Estate	ADDRESS / ZI DOGWOOD MIDDLE ADDRESS ADDRESS OCC E OR CONDITI	St. 16 Reyno. ofton, M. BET	2065 LAST LOUGH LIGHT STREET APPROXIMATE INTERVITURES ONSET AND D ART TIG CAR DIA FINDINGS USED
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SCLS D	RMINAL DISEASI	E OR CONDITI AICHLAR OPSY? 120	ION GIVEN IN PA 2 TACH 40 10b. IF YES, WERE F	8 Grav
TED TO THE TER/	RMINAL DISEASI	AICHLAR	ION GIVEN IN PA	ART IIa (An DIA FINDINGS USED
CHILLIAN.		PSY? 20	Ob. IF YES, WERE	FINDINGS USED
RFORMED	YES 🗆	NOT	YES 🗍	NO 🗆
INJURY OCCUP	URRED (ENTER NA	TURE OF INJURY IN	N ITEM 18 PART 1 OR P	ART 2)
TION REET	0.2015	CITY OR TOWN	COUN	NTY STA
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1985	, to	11-08	19_83	1 that (I) (we
ny) (aur) opinian	an death occurre	d an the date	ond hour and fra	
ATTENDING	MEDICAL	STAFF		. DATE SIGNED
PHYSICIAN	DIRECTOR	PHYSICIAN	N	1-09-81
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ess onardtov				
RESS	Y 23d LOCA		COUNTY	Y 514
	PHYSICIAN e ADDRESS	e ADDRESS	PHYSICIAN DIRECTOR PHYSICIAL	PHYSICIAN DIRECTOR PHYSICIAN

Bowie, Maryland

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	20650	.M., metroit	Leon	.C.H . szoresk	Habita
h	untwood, Mergian	lessory Br	n. in:	Nov 13, 1989	Rorial
		100	malgred	THOU DEED	Roull hungrah B

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

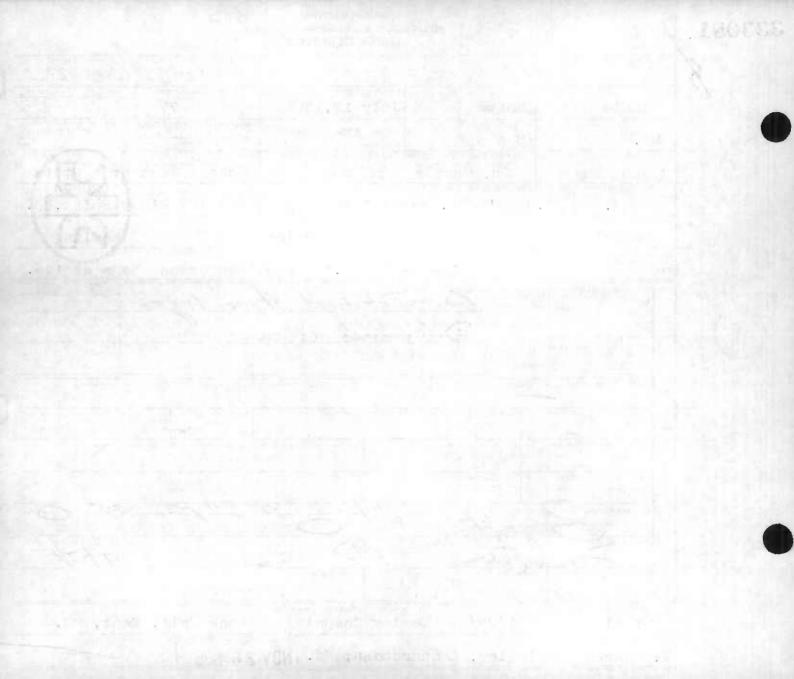
,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).						
-	I. DECEASED NAME FIRST	MID	DLE	l	AST	20. DATE OF DEATH	DAY YEAR	10.11001					
	MARTI	HA BA	LDWIN	HEN	DERSON	November	1985	2:15P _m					
	3. SEX	4 RACE		DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.				
	Female	White		Jűľ	12,1908	7	77 YRS.	MONTHS DATS	HOOKS WIN				
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY? 8	AA A DDIE	EXNEVER MARRIED	9. BALTIMORE CITY OF		Y OF DEATH					
,	Md.	USA		VIDOWE		St. Mar	y's		MD				
F	10 CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON CORKING II	EES INIDITETRY	F BUSINESS OR				
2	Leonardtown	St. N	lary s	losp	ital	School T	each	ner S	State				
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR. St.			ge]	134 INSIDE CITY LIMITS?	36 INSIDE CITY LIMITS? 136 STREET ADDRESS / 36 BOX 107			(20674 Piney Point, Md.				
Ž	4 FATHER'S NAME				15. MOTHER'S MAIDEN NAM		7.00		-3, -7, -7				
Ŋ	Daniel	Ashley			Bernice	WIDDLE	Bow1	ing					
ŕ	60 WAS DECEASED EVER IN U.S. AR		SOCIAL SECURI	TY NO.	17. INFORMANT	ADDRE	SS						
I	(IF YES, GI	VE WAR OR DATES)	213-38-	2357	J.Lawrence	e Henderson Same as 13							
1	18. CAUSE OF DEATH (Enter or	nly one couse per lin	e for (0), (b), and :	c.	/ /	-/		BETWEEN	MATE INTERVAL				
		18. CAUSE OF DEATH. Enter only one couse per line to (0), (b), and constant was CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cause to Interface Conservation Co											
	IMMEDIA												
	Conditions, if any, which	Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	gove rise to immediate												
	underlying couse lost	(6)	IS A CONSECUENT	CL OI									
١	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE.	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	VEN IN PART 110	5				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING												
	S 190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	INGS USED S OF DEATH?						
	STIFE STIFE					YES NO NO	1	S [NO []				
		LICIUD A MA	NJURY MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	I IN ITEM 18 I	PART 1 OR PART 2)					
1	(IF EITHER NOTIFY MEDICAL EXAMINE	nin .		19	strate and								
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	TAT HOME STORE FACTORY OFFICE FARM FIT				21f LOCATION STREET CITY OR TOWN							
	AT WORK NOT WHILE AT WORK	WHILE NOT WHILE											
	22a.1 certify that (1) this hosp	1.1	-	11	100 19 85		2	1985	that (It (w) last				
	sow the decress of live or above, (1) (we) (did) (old no	sow the decorate slive on 19 , and that my (our opinion death occurred on the date and hour a above, (1) we) (ald) (ald not) view the body after death.											
1	226 SIGNATURE) A/			DEGREE			22c. DATE	SIGNED				
-	Dun	Men		JU		MEDICAL STAF	AN	11/2	3/00				
P	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			27e. ADDRESS								
	Davi	d Allen	, M,D.		Leor	nardtown, Md							
	230 BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		_ COUNTY -	STATE				
	Burial	11/26/	85 Wes	Ley	Chapel	eock Hal	I. K	cent. I	Md.				

DHMH - 16 60M 7/84 (VRA 15, 4)

11/26/85 Wesley Chapel

eock Hall, Kent, Md. STATE

24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Clarke Mattingley, Leonardtown, Md.



EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

(VRA 15, 4)

BALTIMORE, MARYKAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY ICATE OF DEATH	REG. N					
DECEASED NAME	FIRST THO		EDISON		JOHNSTON	November November		1985	26 HOU	45P	
a.sex Male		White		S. DATE C		6 AGE (IN YEARS LAST BIR	YRS				
Virgini	а	U.S.A		WIDOWE		St. Ma	ary'	s Count		MD.	
	rdtown	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Ho				Civil Se	ON F WORKING TV1C	12b KIND C INDUSTRY	IF BUSINE	SS OR	
Md.	St.N	YTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Califor	N	13d. INSIDE CITY LIMITS? YES NO 🔏	130 STREET ADDRESS / ZIP CODE 20619					
Samuel	Но	ouston Johnstor			Hattie	James	11	34			
160 WAS DECEASE (YES, NO OR UNKNO NO		MED FORCES? /E WAR OR DATES)	577-05-		Margaret			.O. Box niladeļ		P.	
PART 2. OTH					NOT RELATED TO THE TER	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
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THE EITHER NO 21d. INJURY C	OCCURRED	21e. PLACE			21f LOCATION STREET	CITY OF TO	WN	COUNTY	S	TATE	
sow the obove, (I	220. I certify that (1) (this hospital) attended the deceased from										
22d. PHYSICIA	V. Shah		rate.	+-	ATTENDING PHYSICIAN 22e ADDRESS Leonardt	MEDICAL STA	IAN 🗌				
230 BURIAL, CREMA (SPECIFY) Burial					EMETERY OR CREMATORY dys Cem.			ck "St.M	lary	IATE S	
24 FUNERAL DIRECT	TOR Mat	han al ca	ADDRESS	od+o		ATE REC'D, BY REGISTRAR		ISTRAR'S SIGNAT	URE	hast.	

Leonrdtown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Clarke Mattingley,

BP.

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Bentagon . I detusor in he-de-ind

THE PARTY OF THE P

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

BRADSHAW CEMETERY

REG. NO

25 HOUR

MOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(20650)

BRADSHAW

SAME AS 13E.

DITION GIVEN IN PART TIE

8 uh

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

the date and hour and from the causes stated

19_____, that (1) (we) last

22c DATE SIGNED

STATE

IF UNDER I YEAR DAYS

10:20A

2 TH	4	TYPE	OR PRINT)	LENA	A P	EARL	J	OURDAN	November	c 19,	1985
Ou A a	1	3 SE	X		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE		IF UNDER I YEA
a se a	1	F	EMALE	11-11-1	WHITE			26, 1927 YEAR	58	YRS	MONTHS DAY
g 40)	10		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH
1 124	0	F	LÖRIDA		USA		WIDOWE		St Man	rv ts	
1 11/	11	10 CI	TY OR TOWN OF DEA	HTA		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPAT	ION	125. KIND
10 to 10 /	2/6	L	eonardto	wn		St. Mary		ospital	(TIPE OF WORK FOR MOST	DI WORKING LIF	E) INDOSTR
ND 212	B	13a S	L RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW LEONARD	N I	138 INSIDE CITY LIMITS?	13e STREET ADDRESS P.O. BO	/ ZIP CODE	(206
1 1 1 1 1 1 1	1/1	14 FA	THER'S NAME		MIDDLE	1 457		15 MOTHER'S MAIDEN NA			
W A TI	XU		WILLIAM		C.	SMITH		HAZEL	JOSEPH]	INE	BRAD
W	11		VAS DECEASED EVER		MED FORCES?	165 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	
Pug Pug	1/		NO	(IF 163 GIVE	WAN ON DATES!	267-36-	2619	HARRY G.JC	URDAN	SAMI	E AS
SAL are appen	1/		18 CAUSE OF DEAT	H (Enter and	ly ane cause per	line for (a), (b), and	d (c)				BETWEE
A 4 400	100		PART I. DEATH W		E CAUSE (a)	Cardia	arre	1	- 6.9		bun
Ston Meath ce thending we corb	umatic		Conditions, if ony,	which	DUE TO, O	RAS A CONSEQUE		Inluse.			8 ul
that the a table remains of, cremains	r other tro		gave rise to imm cause (a), statin underlying cause	nediote ig the	DUE TO, O	R AS A CONSEQUE	NCE OF	ellur Gember	to ASH	9	2 4
RDS, 20	o 'Audu	NOI	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	IDITION GIV	EN IN PART
Nr RECO	9	TIFICAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	S, WERE FIND YING CAUSI S
I OF VITA II DAYS IN BETT COLOR I INTERNATIONAL INTERNATIO	100	CAL CER	210. ACCIDENT WAS UNI	CAUSE OF DEA	111	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18 P.	ART I OR PART 2
other discount of the four the but the	owed or	MEDIC	21d INJURY OCCUR	HILE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR T	DWN	COUNTY
A Paragraphic	100		220.1 certify that (1)	(this hospit	al) ottended th	e deceased from_		. 19	, ta		19
一	5		saw the decease	ed alive an aid (did nat	view the bady	after death.	, an	d that in (my) (our) opinian	deoth accurred an the o	ate and hou	r and fram th
the ho	all le		226 SIGNATURE	Ae	e	2		ATTENDING PHYSICIAN &	MEDICAL STA	IFF CIAN []	22c DA1
NEW PERSON	3/		22d. PHYSICIAN'S	AME TYPE OF	PRINT	1		22e ADDRESS			
De 584	Ö/		3	John	F, Fen	wick, M	, D,	Leonardt	own, Md		

WAKULLA FLORIDA

(VRA 15, 4)

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR W. CLARKE MATTINGLEY, LEONARDTOWN, MD.

11/23/85

230 BURIAL, CREMATION, REMOVAL 235 DATE

BURIAL

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John Davidson

	1	FOR	m G611 item	1 22a	DEF	PARTMI			RYLAND ND MENT	AL HYGH	NE 5		5 2	5 6	2 0		
340028	1-	STATE 1/24	4/86 rja						RTIFICAT			REG	, NO.				
0,100,00	V DE	CEASED NAM				DDLE		LAST	7		20. DATE	KNOWN	MONTH	DAY	YEAR	26 HOUR	
A SEESA	2		ARTHUF			RTIN	J.		WATER			ESTI- MATED	□ NOV	. 22,19	85	7:52p	
# SE	3. SE		4 RACE	5. DATE OF MONTH	DAY	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS	R 1 YR. IF UI	NDER 24 HR	PRONOU	NCED	MONTH	DAY	YEAR	2d HOUR	
A STANCE OF STAN	/	IRTHPLACE (5	WHITE	JUNE 76. CITIZEN	22, 1	.929	56 YRS.				DEAL		NOV.			7:52 _x	
高田の手屋	F	VISCONS			S.A.			MARRIED	NEVER A	VORCED [_	II I OF DE	NI FI		
NEW NEW Y		ITY OR TOWN	II. NAME C	F HOSPITA	AL, NURSI	NG HOME, C		INSTITUTION	12a. U	JSUAL OCCU	MAR	TYPE OF WORK	12b. KIND				
S R PACT		CONARDTO			MARY		OSPITA	L			OR MOST OF WO				ELECTRONICS		
E. 20338	13a. S	AL RESIDENCE STATE	[13b. COUN	OR OTHER INSTITU	113	c. CITY OF	RTOWN	134	INSIDE CITY LIM		TREET ADDR						
1 3 对 2 2	-	ARYLAND ATHER'S NAME		MARY'S		GREA	T MILL				50 CHU	RCH	DRIVE		2063	34	
200	14. 1	JOSEPI	The State of the S	MIDDLE		LOHW	A TITETO	15.	MOTHER'S A		ME ,	MIDDLE		LAS			
N N N N N N N N N N N N N N N N N N N	I da	WAS DECEASE	DEVER IN U.S. AR				L SECURITY N	10. 17	EMEL			ADDR	E\$50 C	DIE	DDI	WE	
IN ST., BALTIN HOURS AFTE EM 18. GIVE P. NIG WITH FOI FRMIT. PAGES, ENE, DIVISION AL.	(YES, NO, OR UNKNO		1953	10.0	399-	26-831	1 M	RS. BE	VERLY	LOHWA			MILL	S. N	ID.	
DURS 18. C WIT. P K. DIN		18 CAUSE O	F DEATH (Enter on	ly ane cause p	per line for	(o), (b), a	nd (c).)							APPR BETWEE	OXIMATE I	AND DEATH	
ON TEM TEM PERM PERM VAL.	17	80	MMEDIATE CAUSE (o) CARDIO RESPIRATORY ARREST (DUE TO, OR AS A CONSEQUENCE OF								3	0 MI	N.				
W. PRESTON WITHIN 24 H MCIL IN ITEA AINER ALON ITEANSIT PER ITEANSIT PER OR REMOVA			ns, if ony, which					MADV	EMDOT T	C				7	0 MI	'NT	
TED WITTED WITTED WITTED WITTEN		couse (a)	gave rise to immediate couse (a) stating the under-lying couse last. (b) MASSIVE PULMONARY EMBOLIS DUE TO, OR AS A CONSEQUENCE OF										3	O MI	.11.		
CUTED CUTED IN PE EXAM				(c)			E TRAU						5	DAY	S		
ECORDS D BE EXECTION ENDING WEDICAL AS A BU EALTH AN CREMAT	7	PART 2 OTHER SI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .														
L RECORDS, 201 ULD BE EXECUTE F. PROBING," IN F. F. MEDICAL EXA ED AS A BURIAL HEALTH AND MI L. CREMATION, I., CREMATION,	E P	MULTIPLE LEFT RIB FRACTURES 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?															
SHOULD ORD "PE CHIEF A CHIEF A LI OF HE/ URIAL, C	CERTIFICATION	NON			07.011107	., 0,, ,,,	nerr or Ekri								20 AUTOPSY? YES □ NO X		
OF V OF E OF E OF E OF E	CER		L CAUSE WAS	21b. TI	ME OF INJ	IURY ONTH D	AY YEAR	21c. HOW	INJURY OCC	URRED (ENT	ER NATURE OF IN	JURY IN ITEA	A 18 PART I OR P.	1		NO IN	
HOU HOU ARTI	MEDICAL	CONTRIBUTI	NG X CAUSE OF	DEATH	P.M. N	10V.1	7 1985		15 FT	. FRO	M LADD	ER A	T HOME				
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHOG THE WOOD BY EXECUTED WITHIN 24 HOI RITHOG THE WOOD "PENDING" IN PERVIL IN ITEM IS REDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT EPERRITHAND MENTAL HYGIENE, 101 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MED	WHILE	NOT WHILE X		LACE OF IN	FARM, ETC.)		If LOCAT		DDTVE	CDEA	WN MTI	110 8	TO MA	DVIC	STATE	
PAWA H					4										KI S	, NID.	
MINER FE FOR EGION IN THE	1	death resulte	fy that I took charg	ral causes		ed obave, tident	7	Autopsy	Hamicide [pection	Inquiry		ond in my o	pinian			
MARTIN WARTH	1		1	7	/	ideiii (A)	J , 301010		TITLE (SPECIF		ierermined mi	onner [/	100	
O MEDICAL EXAMINER: OCCUPIT THE CERTIFICATION OF OFUNETH OF THE CONTROL OF THE CO	4	ACTUAL SIGNATURE_		Sw	1	- \		M.D	Dp	T	EDICAL EXAM	AINER	DATE	ED 111	22	182	
O RUN		EXAMINER'S (TYPE OR PRIN	NAME WILL	IAM D.	BOYT) TT	MD		17	TEER	ERSON	ST	LEONA	RDTOW	N M	(ID	
PAGE PAGE	23a.B	URIAL, CREMA	TION, REMOVAL 2		2011		ME OF CEMET				LOCATION	J.,					
07/84 BP	CR	EMATION	J	11/26/	85	HUI	NTT CR	EMATO	RY	C	ALDORF	. C	IARLES		RYLA	-	
25M DHMH - 17	-	UNERAL DIREC		A	DDRESS				25a. D	DEC	BY REGISTRA	R 256 R	EGISTRAR'S	GNATUR	F		
(VR A15 ME (5))	EL	WARD N.	BRINSFI	ELD, J	R., L	EONA	RDTOWN	MD.		יוריף	4 1985) 0	far Aldre	con-10	科技		

SELECTION OF THE SECOND

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or off

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1		CEASED NAME		LAST		26. DATE OF DEATH	2b. HOUR					
1	Title		IRGINIA	LIL	LIAN	MYERS		November	26. 1	1985 7:10PM		
1	3. SE)	X	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR			6. AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1	_	remale	Whi		Ju		1912	73	YRS.			
a	70. BII	RTHPLACE (STATE OR FOIL		N OF WHAT CO	DUNTRY? 8	RRIED NEV	ER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH		
/		W York	USA			OWEDXX	DIVORCED	St. Mar			MD.	
6	10 CI	ITY OR TOWN OF DEAT		T IN SUCH FACILITY,			NSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR	
	TISTIZ	Leonardtown	C MOME OF OTHER INCO	St. Mary	r's Hos	oital		Cashier				
á	M	AL RESIDENCE (# NURSING STATE) Id.	St.Mary	's Lex	ingtor	Pask	DE CITY LIMITS?		/ ZIP COI 11 B	DE lvd. (2	20653)	
0	14 FA	ATHER'S NAME FIRST	Unkno	wn	LAST	15 MOTH	ER'S MAIDEN NA/	ME Unknown		t AST		
Ĭ	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				IAL SECURITY N	IO. 17 INFOR	RMANT	ADDI	RESS		To stee	
4		No	(IF TES, GIVE WAR ORD	ATEST	ate							
i		18 CAUSE OF DEATH PART I. DEATH WA	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
٩	N.		MMEDIATE CAUSE	(a) M	YUCA	RdIAL	- INFA	ARETION	1	di	475	
	NO	underlying cause PART 2 OTHER SIGNII	last.	TO, OR AS A CO			TED TO THE TERM	INAL DISEASE OR CO	NDITION G	GIVEN IN PART 10	a	
1	CERTIFICATION	19a DATE OF OPERATION		96 CONDITION FOR WHICH OPERATION			RFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \emptyseta \text{NO} \(\emptyseta \text{NO} \(\emptyseta \text{NO} \emptyseta \tex		
4		21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HO	IME OF INJURY UR A.M. MOI P.M.		EAR 21c. HOV	V INJURY OCCURR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d INJURY OCCURRE	LAT H	PLACE OF INJUR DAE, STREET, FACTOR		21f. LOC	ATION REET	OWN	COUNTY STATE			
		27a. I certify that (I) (this haspital) attended the deceased from										
1		22b. DIGNATURE	1/2	+		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED TICK	
	1		am D. Bo	yd, M.D.	II	22e. ADD	<u>Leonardt</u>	own, Md.	2065	0		
	23e. B	BURIAL, CREMATION, RE (SPECIFY Burial		30/85			emorial	23d LOCATION CITY OR TOWN CONS. Leo	nard	town, St	Md. t.Mary's	
-	24 FL	UNERAL DIRECTOR			ADDRESS .		25e. DAT	E-REC'D. BY REGISTRA	25b. REGI	STRAR'S SIENA	und nach	
	W	. Člarke	Matting	ley, L	eonard	town, N	Id.	LO 4 1900	1 4			

Trimmer 26, 1985 - 7:10

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diliam is ann. s.i. il Leonemoun, an. 2050

The state of the s

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH REG. NO 985

2b. HOUR

HOURS

02004

CEASED NAME	FIRST	MIDDLE	LASI			26 DATE OF DEATH MONTH					
E OR PRINT)	ROBERT	FRANKLIN	PARI	KER S	R.	Nov. 29, 1985					
X		4 RACE	5. DATE OF BIRTH				6 AGE (IN YEARS LAST BIRTHDAY)				
Male		White	Aug.	24,1	921	64	YRS.	MONTHS	DA		
BETHPLACE THE	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER A	AARRIED 🗆	9 BALTIMORE	CITY OR COUNT	Y OF DE	ATH		
irainia	9	USA	WIDOWED		ORCED	C+	Marvis				

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY California home 13e.STREET ADDRESS / ZIP CODE P.O.BOX 188 Maryland 13d INSIDE CITY LIMITS? St Mary's Hollywood

15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Atwell Gertrude William Parker CHarles ADDRESS P.O.BOX 188 17 INFORMANT 16h SOCIAL SECURITY NO. Hollywood, Md. 20636 03 1664 Dorothy E. Parker 229 Yes

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Probable cerebral thrombosis or myocardial PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension/hyperlipidemia/atherscerosis Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21e PLACE OF INJURY

W.Clarke Mattingley Leonardtown, Maryland

CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

211 LOCATION

CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC) NOT WHILE 77s I certify that (1) (this and that in (my) (our) apinion death accurred an the date and haur and from the causes stated

22c. DATE SIGNED DEGREE M.D. ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN ADDRESS

Maryland Infirmary, Chaptico, Maryland Eugene Grazzo 23c. NAME OF CEMETERY OF CREMATORYS 23a BURIAL, CREMATION, PEMOVAL 23b. DATE

Charles Memorial Leonardtown St Mary's Md Buri 24 FUNERAL DIRECTOR

(VRA 15, 4)

DHMH - 16 60M 7/84

8

21d INJURY OCCURRED

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DIVISION OF VITAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	REGISTRAR		CER	TIFICATE OF DEATH	REG.	NO.			
	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1	JAMES	HOWAR	D QUAI	DE	November	26,	1985	7:20A	A M
1.5€	2	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 F	_
1	lale	White		rch 7, 1915	70	Y	MONTHS DAYS	HOURS N	AIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8.	RRIED EXNEVER MARRIED	9 BALTIMORE CITY				
N	country)	USA		WED DIVORCED	St. Mar	y's	County		MD
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKE		OF BUSINESS	OR
	Leonardtown AL RESIDENCE (IF NURSING HOME O		s Hospital		Farming	5			
130	Md. St.		CITY OR TOWN	OVES NO K	Rt.1, E			659)	
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LA:	ST	
	Joseph	I. Q	uade	Sarah	Frances			liams	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 :	SOCIAL SECURITY NO	O. 17 INFORMANT	ADD	RESS			
	No	2:	14-36-28	30 Sarah Cec	elia Quad	le	Same a	s 13e	
CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	ponatien	ea	BUT NOT RELATED TO THE TERM	26e AUTOPSYT	20b. II	FYES, WERE FINDI	NGS USED OF DEATH?	
RT.	U			141 1141 1141 1141	YES NO		YES 📋	NO [
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M.	MONTH DAY YE	21: HOW INJURY OCCUP	man valle				
ME	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FIRM 116		CHO	town.	COUNTY	STATE	į
	22a.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n 22b SIGNATURE	11/25/8	19	and that in (my) (aur) apiniar DEGREE	n death accurred an the	date and			
		11		ATTENDING PHYSICIAN	DIRECTOR PHY	AFF SICIAN [11/	27/8	5
	James C. Boyo	. м.В.		Leonardtown	. Maryland	206	50		
23a	BURIAL, CREMATIVE PEMOVA	and the second second	23c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION				Md
Ri	(SPECIFY)	1/29/8	Chan	les Memorial	das Lec	nar	dtown S.	- Man	371

DHMH - 16 60M 7/B4 (VRA 15, 4) W. Clarke Mattingley, Leonardtown, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 2 1885

Seasons

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Los retorn St. Hary's hostil

. ... Dyo . . Sam .

une ovember 26, 1985 7:204

Jan co at your

Teorifor

(reads) fer and your

2011/06/20

Locourdtown, Enryland 20690

FOR - STATE REGISTRAR DECEASED NAME

Female

Va.

13a. STATE

To. BIRTHPLACE ISTATE OF FOREIGN

ID. CITY OR TOWN OF DEATH

TYPE OR PRINTI

3 SEX

FIRST

ADELE

136 COUNTY

St. Mary'

MIDDLE

LIE YES GIVE WAR OR DATEST

IMMEDIATE CAUSE (a)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

LAST

REBARCHICK

MARRIED KNEVER MARRIED

Dec. 11, 1923 YEAR

YES []

Ruby

	REG. NO.					
	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	R	
	November 26, 1	985		2:	30 ^A	
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
	61. YRS.	MONTHS	DAYS	HOURS	MIN	
_	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		-	

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospital Leonard town

White

4 RACE

USA

MIDDLE

Th CITIZEN OF WHAT COUNTRY?

MARTON

13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS?

108 Horsehead Rd. (20634) 15. MOTHER'S MAIDEN NAME

Mary's County

Md. A FATHER'S NAME Benton

McMillan 166 SOCIAL SECURITY NO.

Great Mills

13c CITY OR TOWN

17 INFORMANT

NOT

DIVORCED

ADDRESS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

12h KIND OF BUSINESS OR

Woodson

226-18-2326 18 CAUSE OF DEATH (Enter only one cause per line for 19), (b), and ic PART I. DEATH WAS CAUSED BY.

Leonard S. Rebarchick, Same as 13e. APPROXIMATE INTERVAL

O Dell

ITYPE OF WORK FOR MOST OF WORKING LIFE!

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190 DATE OF OPERATION

CERTIFICATION

21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

22a I certify that the lims has prole attended the deceased from

11/29/85

HOUR A.M. MONTH DAY YEAR P.M

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

20g AUTOPSY?

NOF

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OF TOWN

COUNTY STATE

NO

saw the deceased alive on

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAM'S NAME (TYPE OR PRINT)

22e ADDRESS

21f LOCATION

20650

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIF

0

MPORTANT

David Allen. M.D. 230 BURIAL CREMATION REMOVAL 236 DATE

Leonardtown, Md. 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Immaculate Heart of

St. Mary's Mary, Lexington Park,

24 FUNERAL DIRECTOR

Burial

Clarke Mattingley, Leorardtown, Md.

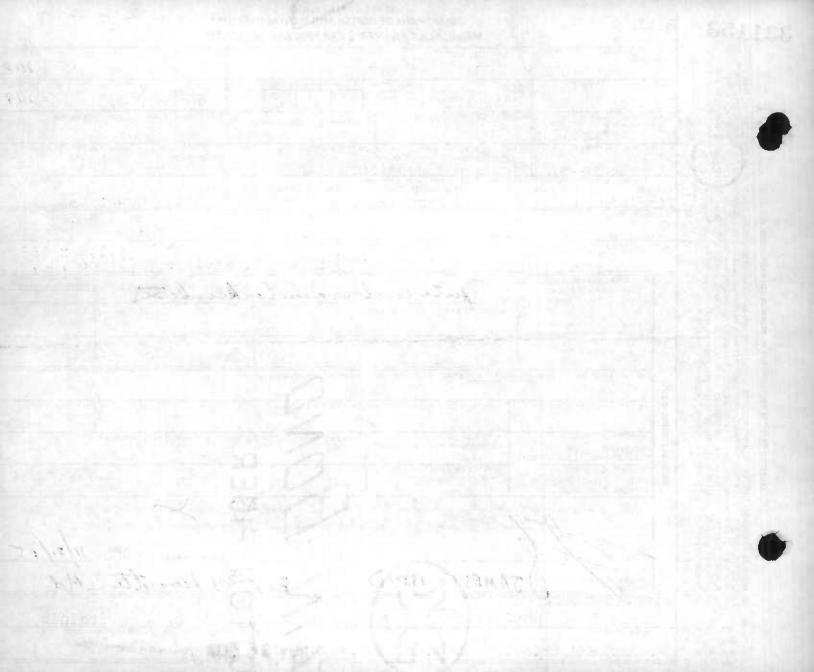
BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

_, and that in the apinion death accurred on the date and hour and from the causes stated

Martin Alexander 26, 1915 12:30 witness a type it is the country a Country Leonard Love | St. | Sarg's | long | tal All Dangers palacers

Cream and a comment

	1.	FOR		STA DEPARTMENT OF		ARYLAND AND MENTAL H	TY PIENE	2 3	20	
331153	1-	STATE REGISTRAR	ME	DICAL EXAMIN	ER'S C	ERTIFICATE C	OF DEATH REG	5. NO.		
		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE KNOW!	N X MONTH DA	Y YEAR	2b. HOUR
3 % S & C	(")	PE OR PRINT) LILLIA	N INEZ	RI	VIERI	Ξ	OF ESTI- DEATH MATED	Nov 20	185	2118
PLEASI ECTOR FILES HOURS	3 SE		5 DATE OF BIRTH	6 AGE (IN YE	ARS IF UND	DER 1 YR. IF UNDER		MONTH DA		2d. HOUR
m 02 = 01	Fe	male White	April 1	.1914 71		DAYS HOURS	MIN. PRONOUNCED DEAD NO	v.20.	19 85	2118
CESSARY CESSARY OR YOU WITHIN 72 PRESTON	70. 5	IRTHPLACE (STATE OR	76 CITIZEN OF WI		8. MARRIE	D NEVER MARR	9 BALTIMORE CI	TY OR COUNTY O		
HADEK		orth Carolina	USA		WIDOWE			ary's		AAD
Tun Bar		ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTHE	R INSTITUTION	120. USUAL OCCUPATION	(TYPE OF WORK 12b.	KIND OF BU	
*******/	12 T	eonardtown./		y's Hospi	tal		Home make	1	OR INDUSTI	KT
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21201 ANNO RECEIPTOR	-	rginia	11 1	Norfolk	Die.	13d. INSIDE CITY LIMITS? YES TO NO	8228 Kathy	Court	11,	
O PUNIT	14 F	ATHER'S NAME				15. MOTHER'S MAID	EN NAME		-	-
ES TEST	91 1	illiam John	Halsey	LAST		Laura	Virginia S	mith	LAST	
MO PAG S I	160.	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDI		Boy 7	765
JRS AFTER DEATH JRS AFTER DEATH SOIVE PAGES WITH FOR PW T. PAGES T. PAGES DIVISION WITH	4	No No	WAR OR DATES;	231 01 0	810	William_	T. Riviere	Hollywoo	od, Mc	
: 588		18 CAUSE OF DEATH (Enter or		for (a), (b), and (c).)	1	1	1 1		APPROXIMATE	E INTERVAL
PRESTON ST., THIN 24 HOUR CIL IN ITEM 18. MER ALONG W MER ALONG W AL HYGIENE, D REMOVAL.		PART I DEATH WAS CAUSE	D BY: TE CAUSE (o)	ente Cere	bron	vaceule	en Acudes	1	I WEEN ONSE	ANDDEAM
STO N III 24 ALC AVG II				AS A CONSEQUENCE	OF					
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RDS, 2011 EXECUTED NG". IN PE CAL EXAM A BURIAL- I AND MEI WATION, C	8		(c)							
L RECORDS, 201 W. PRESTON ST ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM II FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, M. CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIRUTING TO DEATH	RUT NOT RELATED TO THE TERM	IINAL OISEASE	OR CONDITION GIVEN IN PA	IRT 1 ta		Y	
L REG	CERTIFICATION	190 DATE OF OPERATION	Tigh CONDI	TION FOR WHICH OPER	ATION WA	AS PERFORMED?		120	AUTOPSY?	2
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F VITA TE SHO WORD WE CHIL BE US BUS	HE	210 EXTERNAL CAUSE WAS	21b. TIME OF		Žlc. HO	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	YES L	NO 🗌
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DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD." PEI RDED TO THE CHIEF M RED TO THE CHIEF M RED STOULD BE USED A TO BURNAL OF HEA	MEDICAL	71d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LOC		THE RESERVE OF			
NRIED SCI	ž	WHILE NOT WHILE I	STREET, FAC	TORY, FARM, ETC.)	ST	REET	CITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WPAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR; PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEBALT, WITH THE STATE DEPARTMED BALTJAMORE, MARYLAND, 21201 PRÍOR TO	100	AL COOK	(1)	2 1 1 1 1 1			Dr. VL			
EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE SARYLAND		220 I certify that I took charge	ge of the remains des		Autopsy		1	and in my apinian		
EXAM CERTIF DIREC WITH		death resulted from:	role wies	Accident L., Su	icide,	Homicide	Undetermined manner [1	/
MAN, WAN,		ACHEAL A !!				TITLE (SPECIFY)		DATE	11/21/	15
AEDICAL CUTE THE SE 4 SHO FUNERAL FRORE,	7	1		- 0	M.[D	MEDICAL EXAMINER	SIGNED	11	
AKE CUT	7	(TYPE OF PRINT)) JAMES	C. BOYL)	DDRESS BA	x 301 Leona	thour	Ma	
PATO PEET		BURIAL, EMATION, REMOVAL	73b. DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	-	
a19879		Burial	lov23,19	85 Forest	Law	n	Norfolk,		ginia	ATE
1999 DHMH-17	24	UNERAL DIRECTOR	ADDRESS					REGISTRAR'S SIGNA	ATURE	
(VR A15 ME (5))	N	.Clarke Matt:	ingley	Leonardto	wn, Ma	ary Nava2	6 mes gulant	becalles and first	Left	1
20M 4/82	-									



325008

FOR - STATE REGISTRAR DECEASED NAME

OR PRINT

Male

Md.

14 FATHER'S NAME

Yes

William

BIRTHPLACE (STATE OR FOREIGN

Leonardtown

1. SEX

FIRST

WILLIAM

St. George Island, Md.

140 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gave rise to immediate cause (o), stating the

underlying cause last

90. DATE OF OPERATION

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13a STATE

13b COUNTY

13c CITY OR TOWN

St. Mary'

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

23h DATE

11/20/85

Clarke Mattingley, Leonardtown, Md.

IMMEDIATE CAUSE 10

Harry

White

EARL

76. CITIZEN OF WHAT COUNTRY?

USA

St. Mary's Hospital

Robrecht

DUE TO, OR AS A CONSEQUENCE OF cardio res

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

166 SOCIAL SECURITY NO

evastati

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

MARRIED X NEVER MARRIED

LAST

ROBRECHT

5 DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

s Pinev Point YES

CERTIFICATE OF DEATH

1910

DIVORCED

13d INSIDE CITY LIMIT

15. MOTHER'S MAIDEN

Amilda Re

17 INFORMANT

FIRST

Mary

HYG	IENE	2		J	Sug.			
			REG. N	10.				
	2a. DA	TE OF I	DEATH	MONTH	DAY	YEAR	2h HOL	JR
	No	Ven	her	17	1981		8.	1.5AM
	6 AGE	(IN YE)	ARS LAST B	17			IF UNDER	_
			75	YR		DAYS	HOURS	MIN.
	9 BALT	IMOR	E CITY	OR COU		DEATH		
	10 116	St	Ma	ry's	Col	nty		MD
	TYPE OF	F WORK	FOR MOST	TION OF WORKIN	G LIFE) IN	N. KIND C	DE BUSINI	ESS OR
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Cem.St.Georges

la Bardson

Should be detained by with the State

DIVISION OF VITAL RECORDS, 201 W.

MPORTANT

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

				YES NO NO
0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.) certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat) v	19gr	nd that in (my) (aur) apinion	death accurred on the date and h	, 19, that (I) (we) la iour and from the causes stated
22b. SIGNATURE UKSL		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d PHYSICIAN'S NAME (TYPE OR PR	SHAH MD	22e ADDRESS	Md • 20650	

23¢ NAME OF CEMETERY OR CREMATORY

St. Francis Xavier

2070

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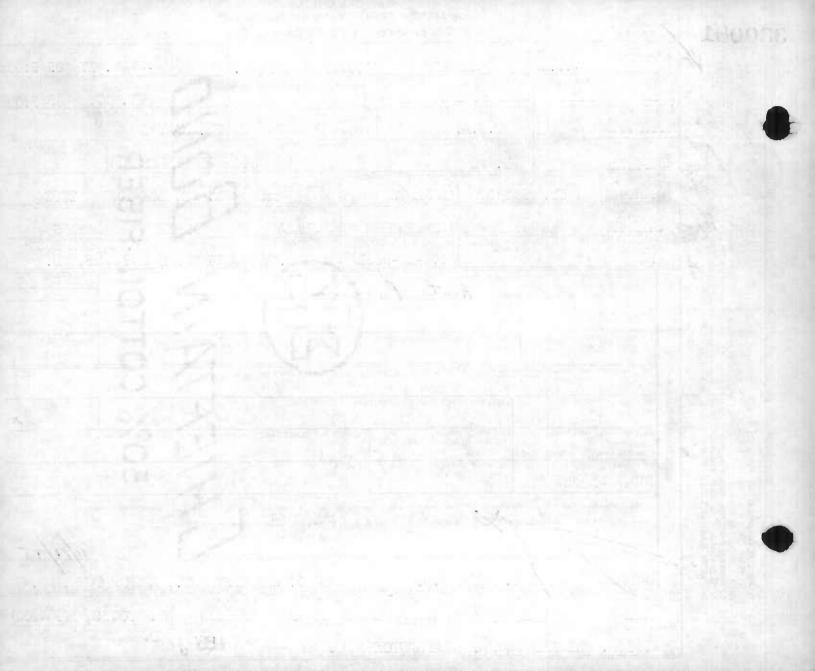
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Leonardtorn. ... 20640 -

	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENT 5	4 3 6	4 9
25084		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		7 - 8 - 1
poge 3		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		Lec	on H.	Thomas	Nov. 11, 198	5	400 PM
	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
2	-	Male	White	Nov. 4, 1908	77 YRS.		
3/-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	-1-11
00	1	Virginia	USA	WIDOWED DIVORCED			M
1/2	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINESS OR
1	L	exington Par	Amber Hou	se	BUS Driver		south
24	USU.	AL RESIDENCE (IF NURSING HOME C	DR OTHER INSTITUTION, GIVE RESIDENCE E	FORE ADMISSION) TOWN . 113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	441	949
X.				held YES NOW	6437 RIVES CT	- 1201	50
2//	14. F	THEK'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N		145	1
1977	C	arence	Thoma		E	Bons	
10		VAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRESS		1.1
and a	1	NO N	A 304	14 965 Killion V	Green Scm	عم ا	#13
=		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), and (c()			MATE INTERVAL
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ofic e		Divite	DUE TO, OR AS A CONSI	SOLIENCE OF			
hroum		Conditions, if any, which			OMA PROSTAT	E 2"	TRS
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE				
otho		underlying cause last.	(6)	A COLINCE OF			
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	EN IN PART 10	o .
in la	NO.	BOWELS	BLADDER	OBSTRUCTION			
6/	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED		WERE FINDIN	
£0X	1					S	NO [
20	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	ART 1 OR PART 2)	
17	13	OR CONTRIBUTING CAUSE OF DE	CAIN	19			
ō	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f LOCATION	CITY OR TOWN	COUNTY	STATE
rked	2	AT WORK NOT WHILE	(AT HOME, STREET, PACTORY, OP	FICE, PARM ETC)			
E		22a.1 certify that (1) (this has	pital) attended the deceased from	om_ ana 19 87			that (I) (we) las
21 is		saw the deceased alive a	nat) view the bady after death.	9, and that in (my) (aur) apiniar	n death accurred an the date and hav	r and fram the	causes stated
tea		226. SIGNATURE	A	DEGREE		22c DATE	SIGNED
E		Krishua P	Lyarama	MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	NOV	11, 80
J. J		22d. PHYSICIAN'S NAME (TYPE	Chinales O	220 ADDRESS	_ DIRECTOR _ THISTEIN _		
MPORTANT:		KRISHNA P.	JAYARAMAN	RT3 BOXS	3 MECHANICSVII	-LE N	102063
3	23n I	BURIAL, CREMATION, REMOVA		236. NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
	1	Bural		South - Mar God	CITY OR TOWN	COUNTY	STATE
	24. FI	INERAL DIRECTO	The second section is a second section of the section of th	Double of Men Southon	ATERECIDA MATEGISTRARI 256, REGIST	RAR'S SIMPLAT	DRAM .
/82		NAME Kaus	ch tuneral the	one owings	10 1300 Guller Val	don-hon	

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	1,	FOR			DEPARTM			AND ME		BIENE	3 2	3 6 1	
330081	1	STATE REGISTRAR		ME	DICAL EX	XAMINI	ER'S C	ERTIFIC	ATE OF	DEATH	REG. NO.		
201		PECEASED NAM			WIDDLE			LAST		20. DATE K	NOWN MON	TH DAY YEAR	2b. HOUR
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PY, PLEAS DIRECTOR DUR FILE 72 HOUR	M	ALE	WHITE	JULY 8,	YEAR	61 YRS	MONTH		HOURS A	DRONIOUNI	NOV	17 10 81	
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10000	US 13o	JAL RESIDENCE STATE IARYLAND	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c. CITY O CLEME	RTOWN		13d INSIDE CITY	LIMITS? 13	e STREET ADDRES		8 206	2.4
8 - 7 8 Z	1000	FATHER'S NAM			1 CLUAVIL	7/1/0		15. MOTHER	'S MAIDEN	NAME		0 200	24
DEATH DEATH OF AND	611	STEPHEN			ALLANI			JUL	IA	MA	RIE	BOWLES	
- ANT	160	(YES, NO, OR UNKN	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		L SECURITY		17 INFORMA			ADDREST.	2, BOX 1	08
BALTIM JRS AFTER 3. GIVE PA WITH FOI I. PAGES DIVISION	/ 	NO DR CAUSE (E DEATH (Enter or	nly ane cause per line		24-96	82	LUCY	H. VAI	LLANDINGH	AM, CLEM		TE INTERVAL
	, "	PARTID	EATH WAS CAUSE	ED BY:	fent	Pr	eun					BETWEEN ONS	SET AND DEATH
S ZZAFZ		100		DUE TO, OR	AS A CONSE	OUENCE O	F	-					
W. PREST WITHIN S WINER AL MINER AL MIN		gave r	ns, if any, which se to immediate) stating the under	(b)			12	61.00					
DS, 201 W. PRI XECUTED WITHI 4G", IN PENCIL I 7AL EXAMINER BURIAL - TRANY AND MENTAL I ATION OR PRA		lying ca			AS A CONSE	QUENCE O							
PERCONSTITUTE OF THE PROPERTY			IGNIFICANT CONDITIONS	CONTRIBUTING 1D DEATH	BUT NOT RELATED	TO THE TERMIN	AL DISEASE	DR CONDITION (GIVEN IN PART 1	0.			
L RECOLL JUD BE I F AEDI F AEDI F AEDI CREA		19a. DATE OI	OPERATION	196 CONDI	ION FOR WE	HICH OPERA	TION W	AS PERFORM	ED?			20 AUTOPS	Y?
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O ≪ □ ₩ ₽ ≥ ≥ ₽	MEDICAL CEPTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF		. MONTH D		21c HC	W INJURY C	CCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	PART 2)	
DIVISION S CERTIFIC RITING TH RDED TO E S SHOU E DEPARTI	T L	21d. INJURY	CCUPPED	21e PLACE C	OF INJURY (AT HOME,		ATION		CITY OR TOW	N	COUNTY	STATE
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NER CATE FOR: THE S				ge of the remains des			Autops	100	Inspection [. Inquiry [and in my	apınıan	
EXAMINER: CERTIFICATE OULD BE FOR 1. DIRECTOR: 4. WITH THE		death result	ed fram:	The Same	Accident _	J, Suic	ide 🔲,	Homicid	17-1-2	Undetermined man	ner .	1	
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TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FA TO FUNERAL DIRECT AFTER DEATH, WINTH THE	1	EXAMINERS (TYPE OF ME)	MAME JAM	Zs c. BOYI). M.D.			DDBESS 1	7 JEFF	ERSON ST		//	MD
PATO PETO	73u	2	TION, REMOVAL					CREMATOR		3d LOCATION	., DECRUE	OINTY .	
07/84 BP	24	BURIAL FUNERAL DIRECT		11/20/85	VAI	LANDI	NGHA	M FAMI	LY (CLEMENTS,	T		YLAND
DHMH - 17 (VR A15 ME (5)				IELD, JR.,	LEONA	RDTOW	N, M). ¹³	NUV 2	D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	egsi •



FOR STATE

STATE OF MARYLAND DEPARTME

NI	U	HE	:AL	LH	AND	MENTA	IF H	GIENE	
E	RT	IFI	CA	TE	OF	DEATH			050

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH		PAY YEAR	26 HOUR		
1	fried	ROBER	T SYLVES'	TER WOOD	LAND	Novembe	r 15,	1985	10:10		
	1. 589	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
d	M	ale	Black		ril 1,1938	47	YRS.	NOMINS DATS	MIN.		
1		REHELACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O					
2	M	id.	U.S.A.	WIDOW	-	St. Mar	y's (County	MD		
p.		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATI			F BUSINESS OR		
2		eonardtown	St. Mar		ital	Construc					
2	USUA	AL RESIDENCE (IF NURSING HOME C 136 COU St.	or other institution give reside INTY 13; CITY Mary's Cal	or town Llaway	13d. INSIDE CITY LIMITS?	P.O. Box	ZIP CODE	206	20		
à	I4 FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WE	1 - 4	LAS	1		
9		Nathaniel	Woodla	and	Mary	Ida	1.47	Shad	de		
ļ.	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	ADDR	SS		- 1		
		YES NOOR UNKNOWN) (IF YES G	The train on on the same of	gan Same as 13e.							
	7.15	18 CAUSE OF DEATH (Enter of	only one couse per line for i	y, no, and y		1 01		BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ATE CAUSE (of	ulales o	arciroma)	Chargo	X				
4		THE REAL PROPERTY.	DUE TO, OR AS A CO	ONSEQUENCE OF	0	()					
	10	Conditions, if ony, which	(b)								
	-	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF							
		underlying couse lost.	(c)								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	j j		
	TIO	190, DATE OF OPERATION	mermone 110 control 50	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED							
1	CERTIFICATION	140. DATE OF OPERATION	196 CONDITION FO	K WHICH OPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DEAT					
0	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121, HOW IN HIPY OCCUPE	YES NO YES NO						
1		OR CONTRIBUTING CAUSE OF DE	110110 1 11 110	NTH DAY YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJUR	19	21f LOCATION						
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTOR		STREET	CITY OR TO	WN	COUNTY	STATE		
			Chall and the decision	11/2	8/ 10 82	uties	100	10	1		
			1.1.06	19, or	no that in (my) (our) opinion o	deoth occurred on the de	ote and hour		that (I) (we) lost couses stated		
		226. SIGNATURE	1		DEGREE	72s DATE SIGNED					
1		James	(MEDICAL STAI	IAN	1//	6/85		
		22d. PHYSICIAN'S NAME (TYPE	1/		ZZe ADDRESS	dtorm Mo	20	650	/		
			Boyd, M.D.			dtown, Mo	, 201	0.50			
		BURIAL EREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	Bu	rial	11/18/85	St.Ged	orge Catholi	d Cem. Val	ley	Lee, St	.Mary		

TO FUNERAL DIRECTOR:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit. Then with the State Dept. of Heolth ond Mentol Hygiene prior to b

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Clarke Mattingley, Leonardtown, Md

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